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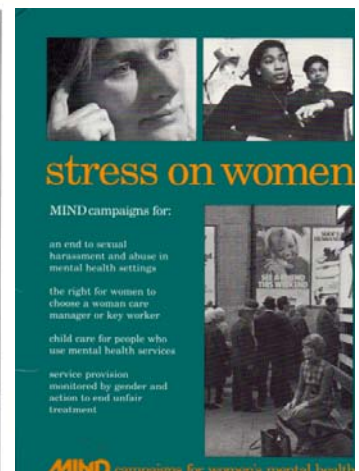
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# Faculty of Health & Social Care

## Report of the workshop held on Thursday 19 June 2014

The Open University, London Region, 1-11 Hawley Crescent,  
Camden, London, NW1 8NP

**“Scoping interest in creating a  
publicly facing digital archive of women’s  
activism in mental health in the UK”**



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# Foreword

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Thank you to all the women who came and contributed their knowledge and experience to the workshop and helped to make the day a success, including those to all who helped to organise it, took notes, recorded, photographed and facilitated on the day. Thanks also to the Health and Social Care Faculty of The Open University for providing the funding for the workshop.

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***November 2014***

# Background to the workshop

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There has been a recent resurgence of interest in the history of women's activism, yet the voices of women who have campaigned on health and disability and contributed to some redefinitions of health, and mental health in particular, have been largely absent from this work in the UK.

For example the British Library recently worked with the University of Sussex to record the testimonies of women involved in different aspects of women's liberation and established a publicly facing digital archive - 'Sisterhood and After: An Oral History of the Women's Liberation Movement.' The archive is now housed at the British Library available at: <http://www.bl.uk/learning/histcitizen/sisterhood/about.html>.

In 2012 Tate Modern also ran the Silver Action project by artist Suzanne Lacey that brought together female activists at the Tate Gallery to create an installation based on oral history and personal testimony: <http://www.tate.org.uk/context-comment/video/suzanne-lacey-silver-action> in which many women took part.

There is also now considerable academic interest in the history of second wave feminism and work has begun to explore the impact of 'Our Bodies Ourselves' in the US and the women's health movement there in the work of writers like Baird (2009) and Kline (2010). Yet neither deal with women's mental health and the influence that mental health activists in particular have had on policy and practice.

There has also not been any systematic work exploring the impact of women's redefinitions of mental health and feminist mental health activism in the UK. This overlaps with a growing interest in survivor history and the co-production of historical narratives associated with social justice. The contribution that decades of women's activism, both at a local and national level, has made to mental health policy and practice in the UK, has yet to receive attention.

The workshop was set up with the aim of exploring whether some of these narratives could be recorded and The Open University agreed to fund an initial scoping workshop.

## Participants

This workshop, brought together 20 invited activists, researchers and academics, survivors/users and practitioners to explore interest in creating a publicly facing digital archive of testimonies about women's mental health activism in the UK since the 1970s.

Participants were invited because of their expertise and experience in women's mental health and women's mental health activism. The 20 participants comprised activists, campaigners, researchers and academics, survivors/users and practitioners/providers/policy makers in voluntary and statutory organizations and a former DH gender lead. Women also came from organisations which have provided long established alternative mental health services for women, including Drayton Park Women's Crisis House, Bristol Women's Self Harm Network and SAGE, a long standing sexual abuse service in Exeter. A good deal of feminist organising on mental health has been carried out in coalitions between service users/survivors, researchers/academics, policy makers, practitioners and managers and individual identities can cross many of these boundaries and this was reflected in

participation in the workshop. Efforts were made to encompass a diversity of perspectives in the workshop, including those from black and minority ethnic women and lesbian and bisexual women.

Biographies for the morning speakers can be found in Appendix 1.

The workshop was convened by Jeannette Copperman from The Open University with support from Sarah Carr, independent knowledge consultant. It was supported by a small grant from the Health and Social Care Faculty at The Open University and chaired by Professor Brigid Featherstone of The Open University

# Aims of the workshop

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The workshop aimed to establish whether there is sufficient interest to bid for a grant to research and record narratives about women's mental health activism from the 1970s to the 2010s. The narratives would form part of a publicly facing digital archive of key documents and testimonies to promote the intergenerational transmission of knowledge.

The focus of the workshop was on women's activism in mental health, recognising the range of different ways in which women's and feminist organising has taken place for a wide variety of mental health issues locally and nationally in the UK. The workshop therefore supported an exploration of recording the contributions of both 'insider' and 'outsider' perspectives in creating change.

The aims of the workshop were to:

- explore key themes and voices in women's activism in mental health
- network with possible collaborators from a whole range of perspectives and establish interest in collaborating on an oral history research project
- consider the scope of possible research
- establish whether there is sufficient interest in putting forward a bid for further funding
- scope interest from attendees in taking the project forward and establishing a steering group

Participants were asked to consider the following points in preparation for the workshop:

1. Think about and note down some key events and activists for a timeline going from 1970 until 2010.
2. Reflect on key moments in your own mental health activism/campaigning you would like to share.
3. Consider what are some of the key campaigns/projects that you would like to see covered and who you would like to see interviewed for the project if it goes ahead.
4. Reflect on what involvement you would like to have if the project goes ahead and any other ideas you might be interested in taking forward/sharing with others at the workshop other than the proposed project.

# Programme of the day

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The day workshop programme was as follows:

10.00am – 10.30am	Coffee and networking
10.30am - 10.45am	Welcome: Brigid Featherstone, Open University Background and introduction to the day: Jeanette Copperman, The Open University
10.45am – 11.45am	Opening panel session:  <i>‘A key moment in my mental health activism’</i> <ul style="list-style-type: none"><li>• Kathy Haq (Spokesperson, Women’s Group, Kerr/Haslam Campaign)</li><li>• Liz Sayce (CEO of Disability Rights UK)</li><li>• Joyce Kallevik (Director, Wish - A voice for women's mental health, Bristol)</li><li>• Yvonne Christie (Freelance trainer and advocate for change)</li><li>• Julie McNamara (Playwright, performer and disability activist)</li></ul>
11.45am – 11.55am	Questions/discussion
11.55am	Break and take refreshments to workshop
12.00pm – 1.10pm	Group work (x 4 groups) & discussion  <i>‘Key moments in my women’s mental health activism’</i>
1.10pm – 1.15pm	Main group feedback
1.15pm – 2.00pm	Lunch and Timeline activity <ul style="list-style-type: none"><li>• Participants to place Post-It Notes on a large wall-mounted 1970 - 2010 timeline</li></ul>
2.00pm – 2.05pm	Introduction to the afternoon: Jeanette Copperman
2.05pm – 2.20pm	The Sisterhood and After Women’s Liberation oral history project: Dr Margaretta Jolly, University of Sussex
2.15pm – 2.20pm	Immediate Questions and discussion
2.30pm – 3.35pm	Group work (x 4 groups): <ul style="list-style-type: none"><li>• What do you think are the key campaigns, themes, voices and sources to cover?</li></ul>



- Who do you think might be the audience for this project?
- What could the digital archive look like and could there be other project outcomes?

3.35pm – 3.40pm

5-minute comfort break and into

3.40pm – 4.10pm

Main group discussion: *'What next?'*

4.10pm – 4.25pm

Summing up – *where are we now?*

Jennie Williams (Director, Inequality Agenda)

Comment/discussion

4.30pm

Close

# Report of the morning

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## Opening Panel

A panel session of prominent activists sharing 'key moments in mental health activism' opened the day and was designed to encourage other women to share their experiences and perspectives in the subsequent morning workshop. The 'key moments' recorded at the first workshop were also used to populate the 1970s-2000's Timeline. A film record was made of the opening panel session.

Summary of opening panel session: ***'A key moment in my mental health activism'***

The panel speakers were involved in key women's mental health campaigns and were invited to share key moments in their activism.

### ***Kathy Haq (Spokesperson, Women's Group, Kerr/Haslam Campaign)***

Kathy spoke about her successful campaign for a Government Inquiry into cases of sexual abuse by two psychiatrists, William Kerr and Michael Haslam. She herself had been abused by Kerr as a 19 year old patient and following a news item in 1997 about a woman bringing sexual abuse charges against Kerr, she was prompted to take action. She contacted the woman to give her support and as a result more women who had been sexually assaulted came forward.

The women fought for a Government Inquiry and opened up a case against both men. The Inquiry began in 2004 and was held in private, partly to protect the women involved. The Inquiry found that there had been a large number of complaints to GPs and other health practitioners that had never been acted upon. Often the abuse was presented by Kerr and Haslam as affairs and they used their power to threaten the women with removing their children. Kathy said of the Inquiry:

*"We finally felt that we'd been believed. Ninety women came forward as a result of the Inquiry but among the women I was working with [on the campaign], I was basically their support because they didn't want to talk to another healthcare professional".*

Kathy remarked that she never intended to be a women's mental health activist, but that she just kept fighting against sexual abuse in the mental health system.

### ***Liz Sayce (CEO of Disability Rights UK)***

Liz was the Policy Director of Mind in the early 1990's and led the 1992 Stress on Women campaign. One of the demands was to end sexual harassment and abuse in mental health services:

*"We were aware of the really harsh and awful things that were happening to people...One woman said 'I was so harassed in the mental health system that I will never, ever go back there'".*

Women who were mothers were very afraid of losing their children and 'mental illness' was used to dismiss allegations of abuse. She wrote a letter to The Times detailing concern about the level of abuse by psychiatrists. As a consequence she and her manager were invited to lunch at the Royal College of Psychiatrists and told to "desist" the campaign which they believed was "demonising psychiatrists". However, the Equal Opportunities Commission and the Royal College of Nursing back

the Stress on Women campaign. Liz also gained the support of leading feminists such as Germaine Greer, Helena Kennedy and Jenni Murray. Eventually the campaign resulted in the abolition of mixed-sex wards being on the Government's policy agenda, but she also stressed how long it took to become a reality:

*"We kicked up a lot of fuss and got it on the government agenda".*

Liz spoke about how she and others sought to "amplify activism" across the UK by networking and linking up local and regional women's activism. The Stress on Women activism was documented in the publication 'Eve Fights Back'. Around the same period the National Women in Mental Health Network was being set up, in 1996. The Network held conferences and produced publications on issues around race, sexuality and campaigned about specific issues such as ECT and older women.

**Joyce Kallevik (Director, Wish - A voice for women's mental health, Bristol)**

Joyce opened with a personal reflection about joining WISH:

*"When I came to WISH it was like coming home. I had a big realisation that this organisation provided services for women, one of whom I was, but had never properly come to terms with it...I'd just had a different outcome".*

Joyce had previously conceived of her mental health through the social model of disability and was influenced by being part of the disability movement. She had benefited from a good GP, an informal support network and alternatives to psychiatry. She realised that the women WISH was there for had negative outcomes because of the way traditional services are designed and delivered:

*"We could see that women weren't listened to, they weren't believed, they were judged, they were mad, bad, they were not respected. Their experiences weren't validated at all. In fact what this amounted to was institutional sexism...Their journey is fragmented through the system".*

In response WISH is developing a overarching, cross-sector model to support strategic change for women. It is based on the premise that women have common shared experiences and coping methods that are seen as 'disorders'. As a result services have not met their needs and they are failed or rejected which has a damaging effect. WISH are facilitating a cross-sector network for women's mental health to include homelessness, addictions, domestic violence and child protection as well as mental health and criminal justice. The aim is change practice from the grassroots and to develop user-led evidence base on what services women need, what is failing and why.

**Yvonne Christie (Freelance trainer and advocate for change)**

Yvonne opened by reflecting that her first point of activism was defying her Mum and leaving home. She recognises that her activism is personal, political, professional and social, with the greatest influence being her experiences as a black woman. She came to women's mental health activism through her work on race and mental health.

In 1980's she began voluntary work for MIND before training as a mental health practitioner. On her practice placements she was shocked by the way people were treated in day centres and that black women had no access to skin or hair care:

*"Even though there was a dire situation for white people, I thought, 'Oh my God, what's happening to black people?'".*

In the 1990's Yvonne worked on a project at the King's Fund which explored the concept of alternatives to psychiatric hospitalisation and drug treatment for black people. Her motivation as an activist was about people not getting their needs met and at times she has felt like: *"Kicking down the door"*. She's learned that:

*"You get together with a group of like-minded people - or not! Because you also need the enemy in the room as well".*

Thinking about the present, Yvonne feels that women's activism need to be revived, because violence against women seems to be at a crisis point:

*"Are we still there? Are we still active?...If you've got people around you that still have that energy we can still do the things we dreamt of".*

Yvonne emphasised the importance of others learning from the experiences of mental health activists:

*"The history needs to be there for other women and other men to see what this passage of time means and what we have done."*

***Julie McNamara (Playwright, performer and disability activist)***

Julie introduced herself as *"a madwoman made good"*. She spoke about her work as a playwright specialising in *"disappeared voices"*. Some of her work focuses on the stories of women from inside institutions whose voices are excluded, which she sees as a form of activism. Julie spoke about a particular play that was based on her own experience of working with women at a large long-stay asylum called Harperbury Hospital to set up a women's group:

*"I ran a women's group in there and of course I was told that I couldn't run a women's group because it was too political. But Nurse Mary Francis said to me, 'If you run a knitting circle you'll get away with it'".*

For two years Julie gathered the stories of the women who came to the group and wrote a piece called the 'Knitting Circle'. She was "inundated with stories" and eventually included 42 in the play and emphasised that:

*"Women were put away for political and spurious reasons".*

Following a radio appearance, Betty, one of the women from the group contacted Julie through a care worker. Julie was invited to Betty's birthday party where Betty told her:

*"Don't ever forget how we survived - we survived through love and mischief".*

Julie said this remark was definitive for her.

# Main themes from the morning discussion

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There were four facilitated morning workshops with five participants in each. Following the examples from the opening panel and drawing on their preparatory reflections, participants were asked to share *'Key moments in my women's mental health activism'*.

Each woman was asked to write a few lines about her key moments in mental health activism as well as key events, campaigns, texts, leading people, practices and policies on some Post-It Notes and to add to the timeline over lunch. The women discussed some of the common ground between them and their stories.

## *Humanity and solidarity*

No matter their background, the women activists stressed the importance of humanity, relationships, solidarity, camaraderie and humour for their activism and for the mental health system:

*"Women's collective action and making a difference - solidarity and mischief".*

Shared experience of sexism, sexual violence or abuse and other forms of cultural or racial oppression was central to collective action by many of the women. There are links between women's mental activism and the disability movement.

*"Being given permission to speak and be believed".*

*"The labels aren't them/us".*

*"What is 'normal'? Challenging the normal".*

*"Women are seen as the problem".*

## *Hidden lives and marginalised narratives*

Through sharing experiences, stories and ideas and raising awareness of and challenging sexism and sexual violence in the mental health system many of the women activists had brought marginalised narratives and hidden lives into the open. There was agreement that those lives, stories and campaigns should be honoured and archived:

*"Women's openness and generosity within system - how to aggregate the micro-level stories?"*

Both narratives and artefacts from women's mental health activism also need collating in an accessible way that informs ongoing activity and understanding:

*"Women's narratives must be used as evidence".*

*"The balance of personal stories with activism - where is the dividing line?"*

*"An historical archive needs to feed and inform activism today".*

*'Recording the realisation that women have specific experiences, specific constructions of mental health (e.g. sexual abuse and psychosis)".*

*"Positive stories about good responses to abuse".*

*"We need personal and organisational stories".*

#### *Activism in research and practice - intersectionality*

Activism was conceived as part of research and practice. There is activism in the academy, in research for South Asian women who self harm. In the black women's movement mental health is thought about politically and at the intersections of gender and race. Work around black women's mental health demonstrates the importance of locating interventions within wider social structures. Class is also an important political dimension to women's mental health activism. Some of the practical responses to self-injury and self-harm in women and girls can be cast as activism.

#### *Individual disclosure, collective action*

Several women said that when they spoke out about sexual violence or abuse, such disclosure had a snowballing effect where other women started to share their stories (female practitioners with a history of abuse are potentially exposed to triggers in their work). This sort of action propagated collective campaigning against sexual abuse and violence in the mental health system and is a continuing motivation for activism by new generations. Women's mental health and addiction problems need to be understood in relation to past trauma. Women's lives directly relate to their mental health.

#### *Power and abuse*

Sexual abuse and violence was the most prominent issue in the overarching theme of abuse of power within the mental health system:

*"Exposing violence and abuse in system. Being together".*

For some, feminist writing influenced their criticism of the mental health system:

*"Feminist theory that referred to power abuse and structural processes - influenced new ways of speaking about women's distress".*

There was a question as to whether violence against women seen differently according to culture and nationality. What are the perspectives and experiences of women refugees and asylum seekers?

Rape and sexual abuse on mixed-sex wards and the grassroots activist campaigns for reform was discussed at length by one group:

*"Rape on mixed wards in psychiatric hospital. The women's officer started acting on it and set up a forum of women and staff to deal with sexual assault in psychiatric hospital. Huge turnout. Turning activism into policy. We now have women only wards, but what does that mean in practice? I was at a day hospital for 14 years. Joined the patient council. Looked at therapeutic relationships, including hidden therapeutic relationships - humanity vs. formality".*

Although there is a persistent gender dynamic with power abuse, several women thought that there is a place for men who use their power well and male allies in women's mental health activism.

#### *Reviving activism*

There was a feeling that over the past ten years networking among women's mental health activists has broken down and as a consequence many are feeling isolated and detached. Intellectual and subversive elements seem to have disappeared. Participants emphasised the importance of the day for bringing activists together to re-engage and take stock. They recommended reviving a network.

#### *Changing policy – changing practice?*

Despite the successes in changing policy in 1990's and early 2000's, many felt that practice had not changed:

*“Things seem to have changed very little in institutions”.*

Several women thought there was a dilution of gender-specific issues in mental health policy and practice, particularly where women's mental health has been subsumed into work on children and families:

*“Loss of mental health policy focus on women as adult individuals, now more on women as mothers”.*

However, several questioned the interface between the child protection system and women's mental health. The policy focus of violence against women and girls, remains without a mental health dimension. One participant asked:

*“Are things going backwards? Women's services set up as alternatives over ten years ago would not be set up now”.*

Drayton Park was seen by many as the ideal model because of the focus on the women's story and the person.

One group asked the questions:

*“Have women's mental health activism and user led organisations been institutionalised? The underlying issues haven't been tackled. Where are the innovations? What is happening with the very small organisations?”*

One group agreed that senior women in the NHS can act in ways that are counter to women's wider interests and feminist principles - problem of money and ambition in NHS. Female mental health leads should be connected with frontline.

Women often seek support from other women rather than getting involved in the psychiatric system with its gendered dynamics and risk of re-traumatisation. Too many interventions are short term, offering quick solutions. There needs to be more humanity and holistic practice in the mental health system:

*“Humanising encounters make all the difference”.*

*“Psychological empowerment for women is vital - feeling in control”.*

# Timeline

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The timeline was constructed using contributions from the participants generated during the morning workshop. Participants were asked to share 'key moments', influential experiences and ideas on Post-It Notes and add them to the Timeline.

The responses show the importance of:

- personal experience;
- feminist books and ideas;
- sharing hidden or marginalised narratives and histories;
- social justice and collective action against abuse of power;
- solidarity in women's activism.

The contributions given in speech marks are transcribed verbatim from the Post-It Notes.

## 1970s

Core texts, campaigns and services

Second wave feminism and the Women's Health movement- Our Bodies Ourselves – collective set up 1969 and book first published in 1973 – Boston, U.S.

Broverman K. et al (1970) Sex role stereotypes and clinical judgments of mental health Journal of consulting psychology

Phylis Chessler (1972) Women and Madness

UK 1976 Women's therapy centre set up and starts working with women

Participants' key moments in their women's mental health activism

*"1963 – Sylvia Plath: the poetry, the life, the myth, the politics."*

*"Betty Dodson – Liberating Masturbation."*

*"Reading Jean Baker Miller's article 'Sexual inequality and mental health' in 1971."*

*"1967-1970 David Cooper, R.D Laing – Kingsley Hall...feminist reactions too?"*

*"Taking over the microphone at a national conference to challenge the agenda and put 'MHS survivors' voices firmly in the mix."*

*"When I discovered classic feminist texts aged 12-13 with sex in it."*

*"1973 – Flo, in St Augustine's Hospital. There for 30 years, knitting for other people – kindness unrecognised."*



*"Our Bodies Ourselves, 1979."*

*"Jean Baker Miller's New Psychology of Women. Book, 1979."*

## 1980s

Core texts, campaigns and services

Helen Roberts (1981) Doing Feminist Research

Elaine Showalter (1987) The Female Malady: Women, Madness and English Culture, 1830-1980

Stevenson, P (1989) 'Women in Special Hospitals' OPENMIND (41)

Nibert et al (1989) Assaults against residents of a psychiatric institution, Journal of Interprofessional Violence

1986 Bristol Women's Crisis Service set up

1987 Women in Special Hospitals set up

1988 Southwark Women and Mental Health Forum set up

Spare Rib, Sisterwrite.

Theatre groups - Spare Tyre.

Women's Press.

Women's News - Belfast.

Women's peace movement.

Participants' key moments in their women's mental health activism

*"Working with women in groups in a long-stay 'bin'. Listening to what they had to say about their lives and living in an asylum."*

*"A key moment: Having discovered the shrink who had abused his patients was about to be 'moved sideways' and promoted. I punched him in the face. Unfortunately he sectioned me on a 136 (Readers do not try this at home!)."*

*"Key moments: Being in a mental health service user research group and being told I shouldn't be there because I had been ('was') an 'alcoholic'. NO PLACE TO GO EXCEPT THE AA SIN BIN?"*

*"Joining the fray at 'Living Issues' and speaking against mixed wards as potential rape camps in the system."*

*"Meeting like-minded women in 80's and 90's who informed and shared women's plights – opened my eyes to service abuse of women."*

*"Reading Psychoanalysis and Feminism by Juliette Mitchell, 1985, then Feminism and Therapy by Jo Ryan c. 1985 and arguing about politics and therapy."*

*"Shula Marks - Not Either an Experimental Doll: Letters between three South African women, 1988."*

*"SAGE 1987. The first women's survivor group being set up in Exeter for women survivors of childhood sexual abuse by women in mental health services · STILL GOING!"*

*"My mental health activism: 1. Finding feminist theory that named the processes of power abuse that silenced women and resulted in mental health distress e.g. Jean Baker Miller's work on domination and subordination and the internalisation of deference. Sturdivant on feminist therapy; Walker, Rosewater on violence and abuse. Virginia Goldner – naming, giving voice to women's experience."*

*"1980's ICA London. Louise Eichenbaum and Susie Orbach speaking."  
"Fat is a Feminist Issue."*

*"Judith Herman Trauma and Therapy speaking about violence, abuse and madness."*

*"Virginia Goldner: violence and abuse. Women's voices being heard. Feminist practice."*

## 1990s

Core texts, campaigns and services

Kate Millett (1990) The Loony Bin Trip

Jane Ussher (1991) Women's Madness; Misogyny or Mental Illness?

Marian Barnes and Norma Maple (1992) Women and Mental Health; Challenging the stereotypes – a BASW publication

Judith Lewis Herman (1992) Trauma and Recovery

Moira Potier (1993) Giving Evidence: Women's Lives in Ashworth maximum security hospital, Feminism and Psychology

Darton K, Gorman J and Sayce L (1994) Eve Fights Back London: MIND

Good Practices in Mental Health for Women (1994) Women and Mental Health Information Pack and Women in Context

Jeanine Grobe (ed.) (1995) Beyond Bedlam: Contemporary Psychiatric Survivors Speak Out

Kay Redfield Jamison (1995) An Unquiet Mind: a memoir of moods and madness

Sonja Ali - started South Asian women's self harm group in 1996.

1992 MIND's Stress on Women year

1996 UK Women and Mental Health Network set up

Self-Harm Network

Women's Crisis Houses

Resisters Scottish organisation

Threshold – women's mental health group in Brighton

Prevention of Professional Abuse Network

MIND Stress on Women campaign 1992

- An end to sexual harassment and abuse in mental health settings
- The right for women to choose a woman care manager or key worker
- Childcare for people who use mental health services
- Service provision monitored by gender and action to end unfair treatment

Eve Fights Back 1994

Good Practices in Mental Health Women in Context 1994

Women and Mental Health Network 1996

Violence Against Women

Survivors Speak Out

Participants' key moments in their women's mental health activism

*"Drayton Park Women's Crisis House and Camden and Islington NHS Foundation Trust Women's Strategy Group (Shirley McNicholas)."*

*"Recovery story – empowerment can conquer so much."*

*"The moment when I realized what had happened to me in therapy at 18 was an abuse of male power and an attempt to control my sexual orientation to make me a 'good girl'."*

*"Encountering Mad Pride and Southwark Women's Forum and Creative Routes."*

*"Understanding better women who campaign for equality in disabled people's movement and in mental health survivor's movement."*

*"Meeting and joining the Women and Mental Health Network – Charing Cross Station 1995."*

*"Genuine working together to design Drayton Park and starting from scratch. Co-chairing women's conference with women who had used services. Rewriting DP OP policy and using the work 'feminist' in the description of the model."*

*"Campaign for women-only psychiatric wards."*

*"Joining the 'Gender Training Initiative' with Jennie Williams and Sara Scott."*

*"The power of research – Soni Raleigh (1996) – highlighted that S. Asian women (aged 16-35) had higher rates of self-harm compares to any other ethnic group of women."*

*"Key moment: As a drinking down and out, being taken in and sheltered by two lesbians who did not criticize my drinking, but helped me find a new (and political) life with peer support. A BIG MOMENT!"*

*"1996: Met Jennie Williams. She was tasked to review a low secure unit. During this piece of work she helped me understand women's behaviour in context of their distress. This led me to read and later research women with challenging needs."*

*"1999 – getting commissioned to make a portrayal of the psychotic a year after using services."*

*"1999 – Hansard. Hearing my experiences of witnessing male masturbation in an acute mixed ward uttered in House of Commons during mixed sex ward debate."*

## 2000s

Core texts, campaigns and services

Activism into Policy 2002/3

Department of Health (2002/3) Women's Mental Health: Into the Mainstream

Kerr/Haslam Inquiry Report 2005

Mad Chicks 2008

NAZ research into South Asian women showing traditional psychiatric labelling and barriers in accessing services.

Participants' key moments in their women's mental health activism

*"Listening to over 1000 stories/accounts of the lives of women using services – esp. secure services."*

*"2000 – MBA dissertation focused on strategic development of women's services."*

*"Key moments re: women and alcohol: Listening to women telling their stories – how they had not been believed/listened to before. 'Just talking to you helps'. SOME HAD NEVER TOLD ANYONE BEFORE – TOO AFRAID."*

*"In 2005 when I was admitted to a psychiatric ward feeling terrified of it being mixed-sex. Then feeling immense gratitude to the feminist campaigners who had demanded single sex wards when I was assured that I wouldn't be on a mixed-sex ward. Debt to my older sisters."*

*"Resisting the seduction of co-option – how 'radical' voices can become institutionalised."*

*"2008 – Home Office secondment working on 'Together we can end violence against women and girls' – people's experience."*

*“Keeping Julia Neuberger on board by coming back to 10<sup>th</sup> and 18<sup>th</sup> anniversary [of Drayton Park]. Teaching students about trauma and abuse and using feminist language. ‘Stress on Women’ campaign still referred to in the leaflets.”*

*“Meeting other women who had been abused by Kerr or Haslam and with each new contact being more determined to have the truth told.”*

*“Being able to speak in the Kerr/Haslam Inquiry and know that I was finally being believed after firstly being abused by Kerr and then the judicial system.”*

*“2000. Commission for Health Improvement inspection into North Lakeland – abuse of older people with dementia. 2 women whistleblowers – a student nurse and a bank nurse – raised the concern. Attacked in the street verbally for whistleblowing. We got congratulation from the Minister – public.”*

*“Key moments in mental health – working with Isabel Morris, Southwark SLaM Borough Commissioner seeing wards segregated in Southwark and Lambeth in 2004.”*

*“2000 • policy into practice does not happen.”*

*“2012. Interviewing Barbara Taylor for Sisterhood and After, the Women’s Liberation Oral History Project.”*

*“Now – Asking to see my notes to show how professional saw me.”*

*“Now – Institutional sexism is still the norm and treatment and care at all levels and in all sectors undermines women’s mental health and wellbeing.”*

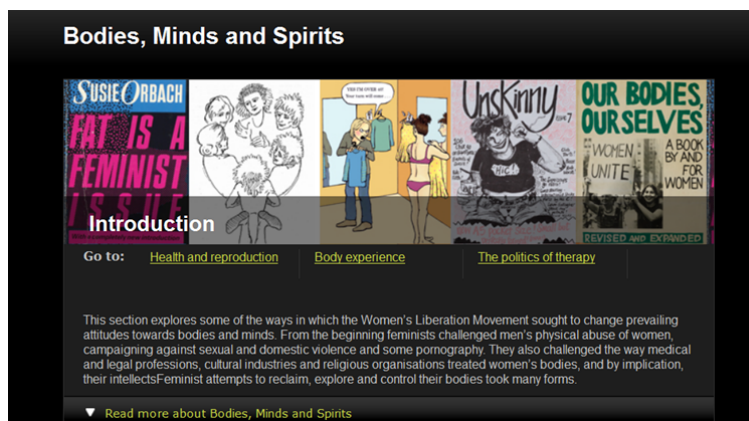
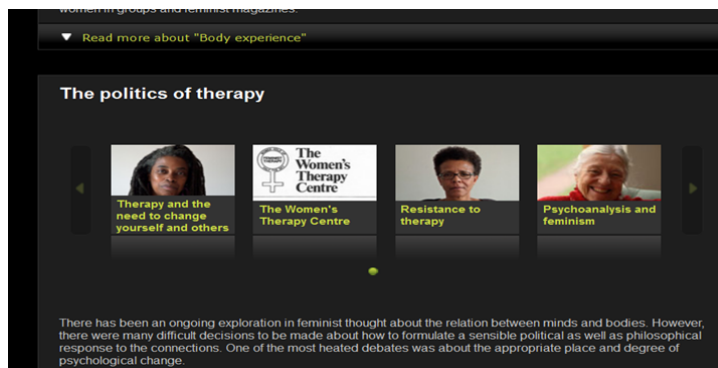
*“It’s the process of being part of a movement. The opportunity to realise, challenge and change the way forward. Power and control. Women’s movement – 1970’s-80’s. Trade Unions 1970’s-80’s. Disability movement – 1980’s-90’s. Women’s mental health movement 1980’s-2000’s.”*

# Report of the afternoon

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## Opening presentation

‘Sisterhood and After Women’s Liberation Oral History Project’  
Dr. Margaretta Jolly, University of Sussex.



Dr. Margaretta Jolly gave a presentation about her work on the ‘Sisterhood and After Women’s Liberation Oral History Project’. The project is a joint venture led by Margaretta Jolly from the University of Sussex in partnership with the British Library supported by the Leverhulme Trust. ‘It documents the emergence, development and structure of the Women’s Liberation Movement revealing a greater range of networks, political positions and campaigns than was previously known.’ (University of Sussex, 2014). The project has led to the launch of the first national oral history archive charting the development of the post 1968 Women’s Liberation Movement in Britain. The publicly facing digital archive is currently available at: <http://www.bl.uk/learning/histcitizen/sisterhood/about.html>.

For a potential project to develop a public facing digital archive of women’s activism in mental health in the UK she advised that research should be carried out on what is already there. There may be existing initiatives that could be joined up, built upon or reinterpreted. She also advised careful thought about selection criteria at interview stage and for the need for careful curation at presentation stage, with the help of an Advisory Board. She recommended considering a history of activism that resulted in change and awareness raising about particular issues in women's mental health and getting key activists onside.

University of Sussex (2014) *Impact*, more information available at:  
<http://www.sussex.ac.uk/research/impact/cultureandsociety> and  
<http://www.sussex.ac.uk/clhlwr/research/sisterhoodafter>

## Main themes from afternoon workshop discussions

There were four facilitated morning workshops with five participants in each. Drawing on their preparatory thoughts and responses to the afternoon session opening presentation: *The Sisterhood and After Women's Liberation oral history project*, participants were asked to discuss 'What would your ideal project look like?'

They were asked to give some thought to the following questions.

- What do you think are the key campaigns, themes, voices and sources to cover?
- Who do you think might be the audience for this project?
- What could the digital archive look like and could there be other project outcomes?
- What about the suggested time frame?
- What might they be able to offer in terms of time, expertise, contacts?

## Archive purpose

There was strong support for creating an archive of women's mental health activism in the UK, but further discussion is needed about how this could best happen. The purpose of the archive should be to collate lives, stories and campaigns along with artefacts from women's mental health activism and to allow access to the collection in an accessible way that informs ongoing activity and understanding in mental health.

*"What has the impact of feminism and women's activism been on UK mental health services - put together what's out there".*

*"Individual stories and actions resulting in bigger action".*

*"Personal and organisational stories".*

*"Personal and structural narratives. Ideas behind women's services and alternatives."*

*"The big successes? Changes to the mainstream?"*

*"Build on successes. Get them logged so future generations can learn from what has been achieved".*

Many women agreed that establishing an archive is part of activism, particularly drawing on the tradition of feminist collective action and exposing hidden histories, narratives and lives:

*"Getting material archived gives status to the whole endeavour".*

*"Lives need to be valued and acknowledged".*

*"There are things that are working but are undocumented".*

*"Specificity of women's experience can get erased".*

*“Specific things making links between commonalities”.*

*“Mustn't lose power of coming together”.*

*“Having stuff all in one place. Logging what is out there”.*

*“Archiving campaigns, inspiring new services”.*

*“Think big. Share what we learnt about what works”.*

## Including wider initiatives and alternatives

Because of the holistic approach to mental health taken by the participants, they recommended that the archive include issues and systems that women who experience mental distress may find themselves in. They also recommended including gender-specific initiatives and alternatives within the mental health system:

*“Include high secure hospitals and criminal justice system”.*

*“Child protection and domestic violence”.*

*“Pregnancy and childbirth”.*

*“GP practice dealing with sexual abuse, Exeter – success”.*

*“Therapeutic approaches and alternatives to hospital like Drayton Park (founded in 1995)”.*

*“Women's safety areas and access to female workers? Other women's crisis services?  
Dedicated family rooms?”*

*“Shap Team, Buxton alternative to traditional inpatient services”.*

## Planning and resourcing

Although there was a great deal of enthusiasm about the project, there was a note of realism about the need to take small steps. The project would need proper grant funding, resourcing and management, with dedicated paid workers. One potential funder could be the Heritage Lottery. There was a suggestion to form a planning group, including interested individuals from the day, to help direct and facilitate the next stage.

## Audience

There was general agreement that the audience should be as wide as possible, and not just aimed at those involved with mental health services although the first audience would probably be mental health practitioners, service user/survivors, policy makers and academics. The archive could have a wider educational purpose in general, for schools, for feminist history and for younger women.



## Outcomes

Participants felt that a number of outcomes and projects could arise from the workshop but felt that further exploration was needed about an archive being static or 'living', virtual or physical:

*"The digital archive should be interactive and visual".*

Workshop participants suggested that other outputs could include films, visual arts, edited books, articles, a physical archive, digital materials and a festival to launch the project.

The idea of reviving a network was discussed as offering a 'quick win' and as a way to start maintaining and mapping contacts for the project. It was emphasised that there was a wealth of resources amongst the participants.

# References

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Baird, K.L. ( 2009) *Beyond Reproduction, Women's health, activism and public policy*, Madison, USA, Farleigh Dickinson University Press

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Kline, W. (2010) *Bodies of Knowledge: Sexuality, Reproduction and Women's Health in the Second Wave*, Chicago USA, University of Chicago Press

University of Sussex (2014) *Impact*, more information available at:  
<http://www.sussex.ac.uk/research/impact/cultureandsociety>

# Appendix 1

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## Speaker and contributor biographies

### Dr Sarah Carr

Sarah is an independent mental health and social care knowledge consultant. She was previously a senior research analyst at the Social Care Institute for Excellence (SCIE). She is an Honorary Visiting Fellow at the School of Social Policy and Social Work at the University of York; Honorary Senior Lecturer at the School of Social Policy at the University of Birmingham and a Fellow of the Royal Society of Arts. Co-Vice Chair of the National Survivor User Network (NSUN) and a member of the editorial board of *Disability and Society*, Sarah has a particular interest in mental health and equalities. She has lived experience of mental distress and mental health service use.

### Yvonne Christie

Yvonne Christie was born in Jamaica, and then moved to the UK and now lives in Birmingham. She became what she believes is thinking adult in London.

Yvonne is passionate about race and equality issues reflecting from her own family and that journey still continues. Yvonne has worked with women in the mental illness world. And happily, still finds working to uplift both herself and other women who wish to share their journey experiences with her.

### Jeanette Copperman

Jeanette Copperman teaches social work at the Open University, based in the faculty of Health and Social Care in Milton Keynes. She has taught and researched in a number of different universities and worked on various research projects with organisations including the Kings Fund, Barnardos and the Sainsbury Centre for Mental Health. Jeanette's research interests include gender and mental health, interprofessional practice, user involvement, sexual exploitation and violence. She worked for a number of years in the voluntary sector as an advice and community worker and then in a health authority and in a local authority on community participation and equalities issues. Whilst working as a women's equality officer for Southwark Council, Jeanette set up and chaired Southwark Women and Mental Health Forum and then became a founder member of the National Women and Mental Health Network, and a contributor to Good Practices in Mental Health for Women. She was the Women's Lead for the Social Perspectives Network (SPN) and one of the organisers of the SPN Women's Study Day.

### Professor Brigid Featherstone

Brigid Featherstone is Professor of Social Work at the Open University. She has extensive experience of researching gender issues in child welfare and protection. Her most recent book (written with Sue White and Kate Morris) is *Re-imagining Child Protection: towards humane social work with families* and was published by Policy Press in April 2014.

## Kathy Haq

Kathy Haq 64-year-old retired nurse from Sunderland; mother of two and grandmother of four. I founded a support group of victims of William Kerr and Michael Haslam following the Trial of Facts on Kerr in December 2000. I lead the fight for the DoH Inquiry into their abuse of female patients between 1968 -87 in North Yorkshire. I was abused by Kerr in 1969 as a 19-year-old in Harrogate.

Kerr/Haslam DoH Inquiry Report was released in July 2005 (day before the London Tube bombings).

I did some work with CHRE on Clear Sexual Boundaries between Healthcare Professionals and Patients.

I also spoke at meetings with POPAN (Prevention of Professional Abuse Network) and at the Royal College of Psychiatrists Annual Conference in Glasgow. I spoke on Woman's Hour on BBC radio and have also been contacted over the years by other victims of abuse by Health Professionals.

I am an anti-War activist and also involved in Saving the NHS campaigns. I do voluntary work in Bangladesh. I enjoy looking after my grandchildren, walking and cooking.

## Dr Margaretta Jolly

Dr Margaretta Jolly is Reader in Cultural Studies and Director of the Centre for Life History and Life Writing Research at the University of Sussex. She is editor of *The Encyclopedia of Life Writing* (Routledge, 2001) and author of *In Love and Struggle: Letters in Contemporary Feminism* (2008, winner of the Feminist and Women's Studies Association Book Prize UK, 2009.) She is also Principal Investigator of the Leverhulme Trust-funded *Sisterhood and After: The Women's Liberation Oral History Project*, partnered with The British Library and available at [bl.uk/sisterhood](http://bl.uk/sisterhood) and was part of the Silver Action team, directed by Suzanne Lacey for the Tate Modern.

## Joyce Kallevik

Joyce Kallevik has been the director of Wish since 2004, during which time she has turned the organisation around to be at the forefront of women's mental health in the UK; and a significant voice in the user-led movement. Her background of over 30 years' working in disability sector research and consultancy, and in academic research, combined with extensive frontline experience as a mental health advocate, makes Joyce widely recognised as a leading authority on the reality of women's mental health provision. Underpinning her work is a passion for justice and change, driven by the unique insights she gained through her own experience of mental illness. She is also a trustee of NSUN, the National Survivor User Network, and active in supporting disability organisations groups such as People First.

Wish is the UK's only mental health charity, just for women, that works across prisons, hospitals and the community. It supports over 1000 women a year, campaigns to give them a voice at a local and national level and seeks to make meaningful change to women's treatment and care in the mental health and criminal justice systems. Wish is the lead partner in developing the Women's Mental Health Network, which aims to drive forward change, at a practice level, across sectors, based on user-led, evidence-based campaigning.

## Julie McNamara

Julie McNamara is an award winning playwright, producer and Singer songwriter. She is also a vociferous spokeswoman in the Disability Arts and Mental Health System Survivors movements. She is currently working on the disappeared voices of women in the Long care systems with her theatre company Vital Xposure.

## Liz Sayce

Liz Sayce is Chief Executive of Disability Rights UK, the UK's leading pan-disability organisation. She is a Commissioner at the UK Commission for Employment and Skills and a member of the Committee of Healthwatch England. She led an Independent Review into disability employment programmes in 2011.

Liz led Mind's Stress on Women campaign in the early 1990s and was a founding member of Women and Mental Health UK.

From 2000-2007 she was Director, Policy and Communications, for the Disability Rights Commission, where she led on creating a new Disability Agenda for policy for the next 2 decades, covering skills, employment, housing, health, social care and more. She also directed a Formal Investigation into physical health inequalities experienced by people with mental health problems and/or learning disabilities. Previously she was Director of Lambeth, Southwark and Lewisham Health Action Zone. She spent 8 years as Policy Director of Mind, and one year as a Harkness Fellow in the USA, studying the impact of the Americans with Disabilities Act and related policy initiatives. She was a member of the UK Government's Disability Rights Task Force (1997-99). With personal experience and knowledge of mental health issues, she has published widely on mental health, disability and social inclusion, including *From Psychiatric Patient to Citizen* (Macmillan-Palgrave 2000).

Liz was awarded an OBE in 2008 in recognition of services to disabled people.

## Dr Jennie Williams

Dr Jennie Williams is a clinical psychologist whose main concern has been to support the development of mental health services that can respond effectively to the harm caused by gender and other social inequalities. Since 2002 she has been Director of Inequality Agenda [www.inequalityagenda.co.uk](http://www.inequalityagenda.co.uk) which provides training and consultancy in this field. Alongside like-minded women Jennie has collaborated with the Department of Health (DH) on a range of initiatives that support the development of a gender informed workforce. She is currently part of a DH funded team of researchers looking at how the NHS and other services respond to the long term effects of violence, trauma and abuse.